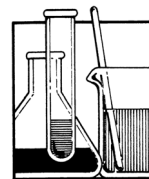


MICHIGAN DEPARTMENT OF AGRICULTURE  
GROUNDWATER MONITORING PROGRAM  
DRINKING WATER WELL SCREENING  
SAMPLE INFORMATION SHEET



Please complete this form and turn it in with your well water sample.  
Complete one form for each sample submitted.  
*Please, write clearly!*

**Sample Code Number**  
**(Please Leave Blank)**

Name \_\_\_\_\_

**Sampling Address** (where sample was taken)

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

County \_\_\_\_\_

**Mailing Address for Results** (if different)

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

County \_\_\_\_\_

Date Sampled: \_\_\_\_\_

Sampling Point: *If you are dropping off more than one sample, it is very important to identify the different samples clearly (cottage well, mom's well, etc)* \_\_\_\_\_

Well depth, feet (estimate if unknown) \_\_\_\_\_ Age of well, years: (estimate if unknown) \_\_\_\_\_

Well diameter (circle the correct figure, estimate if not known): 2" 4" 5" 6" Other \_\_\_\_\_

Are there pregnant women or infants under the age of 6 months in your home? Y N

If **Yes**, do they drink the water supplied by this well? Y N

Do you use any treatment device, water softener, or carbon filter for your water? Y N

If **Yes**, please describe \_\_\_\_\_

Well distance (ft.) from: Nearest farmed field (not pasture) \_\_\_\_\_

Nearest pasture with grazing animals \_\_\_\_\_

Nearest septic system drain field \_\_\_\_\_

Nearest animal yard/feedlot (penned horses, cows, chickens, pigs, etc) \_\_\_\_\_

Nearest chemical storage or mixing area \_\_\_\_\_

Please check the best description of your general soil texture:

\_\_\_\_ Very coarse/sand    \_\_\_\_ Sandy loam    \_\_\_\_ Silt loam    \_\_\_\_ Loamy or sandy clay

\_\_\_\_ Heavy clay    \_\_\_\_ Organic/muck    Other \_\_\_\_\_

Major land-use/crops within a half-mile of your well (row crop, pasture, orchard, forest, rural residential, orchard, commercial, industrial, etc) \_\_\_\_\_

Have any triazines, such as atrazine, AAtrex, Princep, Bladex, Pramitol, Sencor, simazine, cyanazine, prometon, propazine, or metribuzin; been used on your property within the last three years?

Y

N

Unknown